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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

Services for Crippled Children in Wartime Hawaii

BY RICHARD K. C. LEE, M. D., DIRECTOR, AND MABEL F. JOHNSON, ORTHOPEDIC NURSING CONSULTANT, *Bureau of Crippled Children, Board of Health, Territory of Hawaii.*

HAWAII, a year after the attack on Pearl Harbor, is continuing the program of care for crippled children carried on since 1936 through Federal grants for services for crippled children under the Social Security Act.

In the wake of the first attack certain services, particularly hospitalization and transportation of patients, were curtailed because of the unpredictable situation in the islands. Shortly after December 7, 1941, all hospitals were placed under jurisdiction of the Army and only emergency cases were hospitalized. All crippled children who could be discharged from the hospital were sent back to their homes for convalescent care as soon as transportation could be arranged. For boat transportation, which had been discontinued, transportation by plane was substituted between Honolulu and the outside islands.

After a period of approximately 8 weeks children with conditions other than those needing immediate attention were again allowed to be admitted to these hospitals. The pressure of added work was felt by the doctors on our staff; thus at first we were very selective in the types of cases that were admitted, as hospital space, doctors, and children had to be considered. In the hospitals evacuation drills became a routine procedure for all patients. All children under 6 years of age had their identification tags. Those over that age had identification cards with their finger prints. Plans were made for evacuation of crippled children from the hospitals and from their homes to areas that were considered safer.

The cost of care for crippled children including hospitalization, transportation, appliances, convalescent and foster-home care which had gradually increased prior to the outbreak of war, became more exaggerated. This was due to higher cost of living, lack of supplies, shortage of manpower, and greater demand for

goods in war industries. On the other hand, there was increased independence among families of the lower-income groups in providing medical and surgical care for their children. It was interesting to note that only a few parents were hesitant about giving consent to surgery because of the fear of sending their children to Honolulu, which was considered the most dangerous part of the war zone. It was also surprising that the fear of hospitalizing their children was greater among parents living on the island of Oahu, on which Honolulu is located.

The Bureau of Crippled Children has been working without a medical-social consultant since May 15. Attempts were made to meet this situation through the cooperation of the local existing agencies—the medical-social workers on the hospital staffs and the social workers in the Department of Public Welfare assisted when problems arose in our patients' families and social services were needed. In the meantime, continued efforts were made to obtain a qualified medical-social worker to fill the vacancy. Of the doctors in the Bureau of Crippled Children only two, both eye surgeons, had been inducted into the armed forces. Children needing eye surgery who resided on islands where surgical services by eye specialists were not available were brought to Honolulu for care.

A study of our crippled children's register showed that 29 crippled children had been evacuated with their families from the Territory to the mainland after January 1, 1942. Of these, 27 were Caucasian, one was a Filipino, and one was Chinese. Because of the need for military secrecy their evacuation was not reported to this office at the time nor were their destinations made known to us. Hence, we were unable to relay information to the State agencies participating in the crippled children's

program regarding previous treatment given to these children or recommendations made for their follow-up care. Four war casualties of the December seventh incident have been registered with this Bureau. These cases were given care by other agencies such as Shriners' Hospital and the City and County Medical Department. The Bureau of Crippled Children provided a brace in one case. However, this Bureau's policy is that in all cases where orthopedic and plastic care is required, service is given if other agencies are unable to provide service and if these cases are eligible for our service.

During the fall of 1941 plans were made to decentralize the clinic services from the board of health building in Honolulu to district centers in the city and rural Oahu. Six centers were established in Honolulu and seven in rural Oahu. This plan worked out very satisfactorily, eliminating, to a great extent, transportation difficulties of patients to and from the clinics. The services rendered crippled children were thus further generalized by turning over the responsibility of the clinics to the local public-health nurses; consequently, a better follow-up of cases was realized. Through the cooperation of the Army and the United States Public Health Service, one full-time health officer was placed on each of the islands of Kauai, Maui, and Hawaii. As part of their duties and responsibilities they acted as local representatives for the Bureau of Crippled Children. Administratively this proved a valuable contribution to the crippled children's program, as this setup allowed the staff of the Bureau of Crippled Children to give more consultative service. Clinics for crippled children were scheduled at 6-month intervals in all centers on Oahu and on the outside islands. Cooperative plans were worked out with the Shriners' Hospital in Honolulu whereby the orthopedist employed by the Shriners would be the clinician on the outside islands and the Bureau of Crippled Children would assume responsibility for the major portion of the expense of holding these clinics, and also would assist by sending public-health-nursing consultants on its staff to supervise in the clinics.

On the islands of Kauai and Hawaii the Bureau of Crippled Children paid the salary of a public-health nurse on the nursing staff. On Hawaii the nurse was a physiotherapist with public-health training, who acted as assistant to the supervisor of public-health nursing and as a public-health-nursing consultant for the crippled children's program to the local public-health nurses on that island. On Kauai

the public-health nurse specially trained in work with crippled children and a staff nurse acted in a supervisory capacity on crippled children's cases.

Since more responsibilities were placed on the local public-health nurses in carrying the crippled children in the nursing field, the nurses felt the need for more staff education to aid them in the follow-up of these children. In September 1942 a symposium was held on poliomyelitis. The disease was studied and discussed by the public-health nurses in regular study groups. The series of classes culminated with a lecture and discussion period with one of our orthopedic surgeons. Plans were made to devote a period of 6 to 8 weeks in December and January to a study of orthopedic problems and nursing follow-up. An orthopedic surgeon, the Director of the Bureau of Crippled Children, the orthopedic-nursing consultant, and the medical-social consultant will take an active part in these study groups. A plan was worked out whereby nurses on the outside islands would study a particular problem selected by their group and would set aside time to confer with the orthopedic-nursing consultant and the medical-social consultant on their regular semiannual visits to the outside islands. In spite of the war a public-health nurse was sent to a mainland school in September for a 9-month period to receive special education in supervision and orthopedic training.

The crippled children's class at Kawanakoa School under the direction of the Department of Public Instruction had an enrollment of 13 children including some with cerebral palsy, poliomyelitis, and heart disease. They were transported by means of taxi and were checked regularly by Shriners' Hospital and by the orthopedist of the Bureau of Crippled Children and given nursing supervision by the orthopedic-nursing consultant. There was a rapid turnover among these children as they were placed in regular school as soon as it was thought advisable to do so by the examining orthopedist.

Despite adverse circumstances and inconveniences, the annual summer speech class was held in July and August of this year. Although classes were held only in the morning and convalescent care was not given, the class was as successful as those of previous years. The enrollment was limited to children with post-operative harelip and cleft-palate, who resided on the island of Oahu.

There had been a general improvement in the convalescent-home and foster-home program just preceding the declaration of war, when a graduate nurse with training in orthopedics

was employed by the Convalescent Home. She directed the nursing activities and assumed responsibility for carrying out the physiotherapy treatments in the home under the supervision of the orthopedist, the attending pediatrician, and the staff of the Bureau of Crippled Children. However, because of the many difficulties the manager of the home had in getting competent help, the home was discontinued in June 1942. Since that time the Department of Public Welfare has assisted the Bureau of Crippled Children in placing a few children in foster homes. It became more difficult to find these homes as the demand for labor took many of the women out of their homes for more profitable remuneration than they received from the placement agency. The routine of these homes was upset by the strain and added worries which the war caused. There was an unwillingness in these mothers to assume the added responsibility of caring for a crippled child in a home that was not functioning in the normal way. As a result of this, crippled children who have had treatment in the hospital had a longer period of hospitalization than was the case before the war.

The sudden demand for labor in Hawaii took about a third of our orthopedic minors over 14 years of age into employment. This came about with no thought of training for vocation that considered the individual's physical defect. This trial-and-error method upset the usual organized plan of counseling, vocational training, and placement. However, there was another side to be considered—that of the feeling of

independence which the opportunity for employment gives to an older youth with a physical handicap. This may be illustrated by the following case: A boy 17 years of age was afflicted with poliomyelitis which caused a slight instability of his left foot in walking. Just before December 7 the orthopedist had recommended stabilization of the left foot if the patient desired, although this was not urgent. Before surgery could be scheduled war came, and the boy's father was one of the war's casualties. The bread winner in the family had been removed, and the patient felt the need to seek employment. He was given a defense job of surveying with a salary of \$135 per month. He became the main support of his family.

Many other crippled children worked full time doing a normal person's work in the emergency, and we hope that this will help to prove that rehabilitated crippled children of suitable age can assume their places among normal workers in normal times.

The Bureau of Crippled Children of the Health Department of the Territory of Hawaii continues to be the public agency responsible for all services for crippled children in the Hawaiian Islands. With added assistance under martial law civilian agencies concerned in the protection of public health are continuing to provide medical and health services for the civilian population. The Bureau's aims for crippled children, here in a combat zone, are to assure the provision of all the services required for the complete care and rehabilitation of crippled children.

Radio Programs

The regular radio program of the Children's Bureau, "Children in Wartime," is given over the blue network each Tuesday at 12 to 12:15 (eastern war time). Each of these programs features some problem of child behavior or adolescent behavior under the stress of wartime. Dr. George S. Stevenson, noted authority on the problems of childhood, is on the program each week, discussing with parents how best to manage their children during the war period.

School Lunches in Wartime will be the subject of the National Radio Forum broadcast given by the Agricultural Marketing Administration of the Department of Agriculture on December 9 at 10:15 p. m. (blue network, eastern war time). Participants will be Roy F. Hendrickson, Administrator; Dr. Martha M. Eliot, Associate Chief of the Children's Bureau, and Dr. John W. Studebaker, Commissioner, U. S. Office of Education.

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Resolution on Care for Employed Mothers

Adopted by Ninth National Conference on Labor Legislation,
Indianapolis, November 18, 1942

Whereas increasing employment of women in industry necessitates special provisions for safeguarding the health and welfare of expectant mothers who are employed: *Therefore be it Resolved*, That the Ninth National Conference on Labor Legislation urge the State departments of labor and industrial establishments employing women to encourage the adoption

of policies concerning work assignments, working conditions, and provision for maternity leave that will promote the efficiency of the working force and protect the health of mothers and their infants, and that full support be given to community measures for assuring adequate maternity care for employed women who cannot otherwise obtain such care.

BOOK NOTES

W. K. KELLOGG FOUNDATION—The First Eleven Years, 1930-1941. Published by the Trustees of the W. K. Kellogg Foundation, Battle Creek, Mich., 1942. 217 pp.

The charter of the W. K. Kellogg Foundation sets forth its purpose as "the promotion of health, education, and welfare of mankind, but principally of children and youth, directly or indirectly." In carrying out the stated purposes the foundation adopted the policy of using its resources mainly in the application of knowledge rather than in research or relief. For its goal it chose the objectives set forth in the Children's Charter of the 1930 White House Conference on Child Health and Protection.

Over the 11 years, projects have included establishment of county health departments, diagnostic laboratories, and maternity nursing service; assistance in rural-school consolidation; assistance in building up school programs for handicapped children, nutrition, recreational training, and camps; establishment of a professional library; grants to various organizations in the public-health field and a fellowship program. The plan for carrying out these projects has been to define and measure the problem; to organize individuals facing similar problems; to stimulate through presentation of local problems; to develop specialized adult educational programs; to give financial assistance over a limited period, and to provide grants-in-aid for buildings and equipment. Approximately half of the pages contain photographs of the activities.

FOOD CONSUMPTION AND DIETARY SURVEYS IN THE AMERICAS, by Robert Morse Woodbury. International Labor Office, Montreal, Canada, 1942. 64 pp. 35 cents.

For the Eleventh Pan American Sanitary Conference held in Rio de Janeiro in September 1942, Dr. Woodbury has analyzed the results of studies of food consumption undertaken since 1933 by various government agencies of nine countries in the Western Hemisphere. These studies dealt for the most part with the diets of families of urban wage earners and agricultural workers. So far as possible the data have been reduced to a common basis to facilitate comparison among studies in the various countries.

In general the studies show that wage earners and their families in the more prosperous food-producing

countries have better diets than in countries less favored economically. However, even in Canada and the United States few of the families studied had diets that were adequate in all respects. There is striking evidence of the need for national nutrition policies directed toward raising the level of nutrition.

THE PROSPECTIVE MOTHER; a handbook for women during pregnancy, by J. Morris Slemmons, M. D. Fourth edition. D. Appleton-Century Co., New York, 1942. 274 pp. \$2.50.

Various topics discussed more extensively than in earlier editions, or introduced for the first time, include heartburn; the role of salt in the diet; a mathematical formula for estimating the weight of the fetus; vitamins; and the rhythmic period of fertility. A chapter on the care of the newborn has been contributed by Dr. Phillip E. Rothman, Professor of Clinical Pediatrics at the University of Southern California.

Children's Bureau Publications

FOOD FOR YOUNG CHILDREN IN GROUP CARE, by Miriam E. Lowenberg. Children in Wartime, No. 4, Bureau Publication No. 285, Washington, 1942. 34 pp.

As a contribution to the national nutrition program this bulletin was prepared for the Children's Bureau by Miss Lowenberg, assistant professor of child development and foods and nutrition, Iowa State College. It is intended to aid persons responsible for the feeding of young children in groups, as in day nurseries, nursery schools, and day-care centers for children of working mothers.

MATERNITY CARE FOR WIVES OF MEN IN MILITARY SERVICE AND MEDICAL CARE FOR THEIR CHILDREN. Children's Bureau, Washington, October 1942. 7 pp. Processed.

Medical and hospital obstetric and pediatric care for the families of men in military service is being provided by many State health departments through Federal maternal and child-health funds under the Social Security Act. This leaflet describes the growing need for such care, the development of State plans, and the working of a typical plan.

• YOUNG WORKERS IN WARTIME •

Which Jobs for Young Workers?

Advisory Standards for Employment of 16- and 17-Year-Old Youth in War Industries

The Children's Bureau has recently embarked on a program of service to employers in essential industries by offering guidance in selecting occupations for young workers that are suited to their age and strength. The purpose is to point out the hazards of various occupations in which 16- and 17-year-old boys and girls are working at present or are likely to be working and, on the basis of these hazards, to suggest the kinds of work in which they should or should not be employed. The vehicle to be used is a series of leaflets setting forth advisory standards for the guidance of employers, each dealing with one or a group of specific industries or processes. In these advisory standards consideration will be given both to accident hazards and to the health hazards, including those resulting from exposure to toxic substances.

The wisest and most efficient use of the increasing number of minors in the working force of our war industries is a "must" of today's social planning. Of special concern are the adolescent boys and girls entering the labor force, who are undergoing rapid physical, mental, and emotional changes in the transition from childhood to adult life. In general, they are not so well developed physically as adults; they are less prudent and have poorer judgment. They are adventurous—to many of them the job itself is an adventure and to take risks is an accepted part of living. Thus they are more likely than older persons to neglect the use of personal protective measures and the observance of other necessary safe practices. Moreover, it is widely accepted that growing boys and girls are more susceptible to injury from industrial poisons than mature individuals.

These young persons are going into the war production industries in larger and larger numbers. Reports of employment and age certificates issued for minors indicate that twice as many 16- and 17-year-olds entered regular employment in manufacturing industries in 1941 as in 1940. Many war plants are now for the first time considering the use of workers under 18. It is important both for efficient production and for the preservation of future

manpower that immature workers of 16 and 17 be placed in employment suited to their strength and capacities and so far as possible protected from the industrial hazards to which their youth and inexperience make them particularly liable.

Some protection of young workers through prohibition of their employment in certain hazardous occupations, either by specific prohibitions or through administrative rulings, has been given by State child-labor laws, but these provisions have long been recognized as inadequate even in normal times. About half the States have little or no protection of this kind for minors of 16 and 17 years.

The child-labor provisions of the Fair Labor Standards Act of 1938 which establishes a minimum age of 16, provide a method of affording such protection to young workers in establishments producing goods shipped in interstate commerce, by giving the Chief of the Children's Bureau power to find and declare occupations particularly hazardous for minors of 16 and 17 years. Since the enactment of this Federal law the Children's Bureau has issued six hazardous-occupations orders, which in effect prohibit employment under 18 years of age in the occupations covered.¹ But the procedure for determining and legally declaring an occupation to be particularly hazardous under the Fair Labor Standards Act does not lend itself to the quick action necessitated by a war emergency. For this reason the advisory standards method has been developed, which offers a speedy and flexible way of meeting immediate needs in the fast developing war industries. Moreover, being advisory rather than mandatory these standards are not limited to interstate industries but are general in their application.

These advisory standards, which are being prepared with the advice of employers, em-

¹ Occupations already declared particularly hazardous by the Children's Bureau and prohibited under 18 years of age are: (1) All occupations in explosives plants; (2) motor vehicle drivers and helpers on motor vehicles; (3) all occupations in coal mining with the exception of specified surface occupations; (4) all occupations in logging and sawmilling with specified exceptions; (5) operation of woodworking machines and certain types of off-bearing; (6) occupations involving exposure to radioactive substances.

ployees, and organizations interested in safety, will point out occupations in which young workers 16 and 17 years of age may be employed with relative safety, as well as occupations in which minors under 18 should not be employed because of the particularly hazardous nature of the work. The general use of these guides to the hiring of youth 16 and 17 years of age by employers and by groups concerned with safeguarding young workers, should help to reduce the high accident rates among new employees and make for a more satisfactory and efficient contribution by young workers to the Nation's war industries.

These standards are to be published by the Bureau in a series of leaflets under the general title: "Which Jobs for Young Workers?" The following are now in press:

Employment of Young Workers in War Industries (an introductory statement).

Shipbuilding.

Lead and Lead-Using Industries.

Industries Using Carbon Disulphide.

Other leaflets in preparation set up advisory standards for welding, use of chlorinated solvents, operation of cold-metal-forming machines, and use of benzol. Additional fields will be studied and standards formulated as the program develops.

Child-Labor Notes

Sixteen-Year Minimum Age for Girls Under Public Contracts Act

An order¹ issued by the Secretary of Labor on November 11, 1942, establishes under the Public Contracts Act the same minimum age for the employment of girls as is set by the child-labor provisions of the Fair Labor Standards Act; that is, a minimum age of 16 years. Before the issuance of this exemption order the minimum age for girls was governed by the 18-year standard set for them by the Public Contracts Act with an exemption permitting a 16-year minimum only in certain industries.

This exemption for the employment of girls 16 and 17 years of age, issued under powers granted the Secretary of Labor by the act, was made in order to prevent the retardation of essential production and interference with the successful prosecution of the war. A request for the exemption was made by the Secretary of War, the Secretary of the Navy, and the Chairman of the Maritime Commission, supported by written findings. As special safeguards with reference to the working conditions under which 16- and 17-year-old girls are employed by contractors subject to the act it is provided:

That no girl under 18 years of age shall be employed for more than 8 hours in any one day, or between the hours of 10 p. m. and 6 a. m., or in any way contrary to State laws governing hours of work.

That no girl under 18 years of age shall be employed in any operation or occupation which, under the Fair Labor Standards Act or under any State law or ad-

ministrative ruling, is determined to be hazardous in nature or dangerous to health.

That for every girl under the age of 18 years employed by him the contractor shall obtain and keep on file a certificate of age showing that the girl is at least 16 years of age.

That a specific and definite luncheon period of at least 30 minutes be regularly granted any women workers under 18 years of age.

That no girl under 18 shall be employed at less than the minimum hourly rate set by or under the Fair Labor Standards Act or the Walsh-Healey Public Contracts Act for the industry in which the exemption is granted.

Two Hazardous-Occupations Orders Amended

Hazardous-Occupations Order No. 4 on logging and sawmilling, and No. 5 on occupations involved in the operation of power-driven woodworking machines—both originally issued in 1941 by the Chief of the Children's Bureau under the Fair Labor Standards Act—have recently been amended to open certain areas of employment to young workers 16 and 17 years of age where they can be employed without excessive hazard.

The amendment to Order No. 4, effective September 12, permits the employment of minors 16 and 17 years of age in a number of the less hazardous jobs outside the sawmill proper, chiefly in the packing of shingles and the handling or shipping of dry lumber. This amendment was made because of the acute labor situation existing in certain areas of the lumber industry, producing for war needs, and is limited in effect to the duration of the war and 6 months thereafter.

¹ Code of Federal Regulations, title 41, Public Contracts, ch. II—Division of Public Contracts.

Apprentices in specified skilled trades where the use of power-driven woodworking machinery is intermittent and for short periods of time only and is incidental to their apprentice training are removed from the coverage of Hazardous-Occupations Order No. 5. Under this amended order, effective November 13, 1942, young people may be employed as apprentices in the specified trades of pattern-maker, cabinet maker, airplane-model maker, ship joiner, or moldloftsmen before they reach the age of 18 provided they are at least 16 years of age and are employed in accordance with a written apprenticeship agreement approved by the Federal Committee on Apprenticeship or other authority recognized by this Committee.

Subcommittee Appointed on Young Workers in Wartime Agriculture

A Subcommittee on Young Workers in Wartime Agriculture has recently been appointed to advise the Children's Bureau in its program for the development and promotion of safeguards in the use of young workers in wartime agriculture. The subcommittee, which will operate under the Bureau's General Advisory Committee on Protection of Young Workers, is composed of representatives of farm, labor, education, and safety groups and other agencies concerned with employment of young workers on farms, and advisers from various Federal agencies.

Under the chairmanship of Courtenay Dinwiddie, general secretary of the National Child Labor Committee, this subcommittee held its first meeting in Washington on November 13 and 14. In addition to a general review of the

summer's experience in the use of boys and girls as emergency farm workers and of the standards for safeguarding young workers in wartime agriculture as outlined by the conference called by the Bureau in June the subcommittee undertook through two sections to work particularly on problems relating to community organization and supervision and to safety.

Announcement From the National Child Labor Committee

Breaking its custom of more than 35 years, the National Child Labor Committee has decided as a wartime measure to omit a special Child-Labor Day observance in 1943.

"Consideration of child labor is more important today than ever," states the announcement of the Committee. "The war has brought new needs and new problems. All sorts of proposals to suspend child-labor laws for the 'duration' are being advanced—and acted upon. Every State, every community, every local organization must be on the alert to protect its children—all the year round. * * * School is the primary job for children under 16 years. Work outside of school hours must be carefully limited both as to the type of work and the hours of work."

The National Child Labor Committee (419 Fourth Avenue, New York) urges churches, schools, civic organizations, and women's clubs to continue and to intensify their interest in child labor. It stands ready, as always, to keep organizations and individuals informed of local child-labor conditions and needs and to send program suggestions, exhibit material, and leaflets to anyone wishing to arrange a child-labor program.

Child-Labor Inspections

The following incidents, culled from reports of inspections made recently by the field staff of the Industrial Division, give some indication of the degree to which child-labor standards are threatened at the present time.

Explosives.

In a large plant engaged in manufacturing explosives for the War Department, an accidental explosion resulted in the death of 48 workers. Since the news stories indicated that minors were employed in the plant, an inspection was made. It was found that 146 minors

under 18 years of age—2 of them under 16—had been employed in occupations found and declared to be hazardous by the Chief of the Children's Bureau. The minimum age established under the Fair Labor Standards Act for hazardous occupations is 18 years. The company officials stated that they had not been aware of the 18-year minimum age and immediately discharged all the underage minors.

Power-Driven Woodworking Machines.

Hazardous-Occupations Order No. 5 sets a minimum age of 18 years for the occupation of

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operating power-driven woodworking machines. A complaint was received from a public agency in a large midwestern city that a 16-year-old boy had lost one finger and seriously injured two other fingers while operating such a machine. An investigation substantiated the complaint and revealed that two other boys under 18 years of age were employed in the same occupation by the same company. One of these boys had returned to work just 2 weeks before the inspection after an absence of 2 months because of an injury sustained on the job. Action on this case is still pending.

Shrimp Packing.

As a result of repeated inspections, the employment of young children in shrimp canner-

ies and "raw houses" on the Gulf Coast has been sharply reduced. In similar establishments on the Atlantic Coast, which have been inspected only once or twice prior to this fall, an inspector is finding serious violations. The 16-year minimum age applies to most occupations in these establishments. In 1 raw house 25 minors under 14 years of age and 7 between 14 and 16 were found to have been employed. The youngest of these were 8 years old. Local school officials complained that school attendance fell off sharply whenever there was work to be done in the fish house and that many children, after absenting themselves from school a few times to work, later withdrew from school entirely.

Child Labor and Youth Employment

Excerpt From a Program of Action Adopted by Ninth National Conference on Labor Legislation, Indianapolis, November 17, 1942

The fast mounting demands upon the adult manpower of the Nation have brought a tremendous increase in the employment of children and youth under 18. At least twice as many in these age groups were certificated for employment in 1941 as in 1940, and this increase is continuing in 1942. This has meant that many boys and girls in high school and even in the grades have had their schooling cut short. It is a situation which demands the serious attention of the Nation. Older youth can help in the war effort and with increasing demands of the emergency these older boys and girls will more and more be called upon to play their part. If they are to do this effectively, there must be careful planning and guidance for their participation in the war effort with due regard to established child-labor and school attendance laws for the conservation of their health, safety, and educational opportunity and in accordance with the following basic principles:

1. No child under 14 as a part of any hired labor force.
2. No child under 16 in any manufacturing, processing, or mining occupation.
3. No minor under 18 in any occupation declared to be particularly hazardous for young workers under State or Federal laws.
4. Guidance of youth 16 to 18 years of age whose work is essential to the war effort into occupations

suited to their age and capacity in which they can make the greatest contribution with the least hazard to their health and well-being.

5. Available women and men over the draft age to be utilized before youths under 18 are recruited.

The Conference recommends also that special attention be given by the appropriate State agencies and community groups to plans for recruitment and employment of school-age boys and girls for emergency agricultural work. It urges that State departments of labor take an active part in cooperation with other groups in the State in seeing that such plans are developed with appropriate safeguards for the health and welfare of children employed in wartime agriculture, and that State departments of labor make special efforts to enforce such provisions of State child-labor laws as are applicable to children employed in agricultural work.

The Conference emphasizes that there are still untapped reserves of adult labor which can and should be called upon before boys and girls are called upon to leave school or to carry a double burden of school and work. It commends the efforts of Federal and State agencies in developing plans to protect the children and youth of the Nation in the present emergency, and urges full cooperation in carrying out such standards and policies for safeguarding their employment in wartime.

Day-Care Notes

Proposals for State Legislation on Day Care of Children

Suggested State legislation relating to day care for children and child-care centers has been proposed by the Council of State Governments, Chicago, Ill., and is included in its Report No. 2, Suggested State War Legislation for 1943. These bills, with an interpretive summary, are being issued by the Children's Bureau and will be sent on request.

The proposals are the result of review of existing legislation and the need for strengthening such legislation in certain States, by the Children's Bureau in consultation with other Federal agencies. On the basis of this review material was made available to the drafting committee of the Council of State Governments and considered by the drafting committee with the participation of representatives of Federal agencies.

Substantially similar proposals also were considered by the Children's Bureau's Advisory Committee on Day Care at its meeting on October 26 and 27, 1942, and the committee on legislation of the Children's Bureau Commission on Children in Wartime in session November 2, 1942. The measures were discussed at length by both these groups, which were unani-

mous in approving the suggested legislation in principle.

A number of States will not need special legislation inasmuch as specific language or interpretation of general language in existing statutes will cover the needs which the proposed legislation is designed to serve.

State Plans for Day-Care Services

The Alabama State plan for day-care services, submitted by the Alabama Department of Public Welfare, was approved by the Office of Defense Health and Welfare Services on November 9, 1942. This approval was made on the recommendation of the Children's Bureau and was for the period November 1, 1942, to March 31, 1943. The Alabama plan is the first to be approved under the allocation of \$400,000 from the Emergency Fund for the President to the Office of Defense Health and Welfare Services for the stimulation and coordination of day-care programs.

State plans for day-care services under this allocation have been received by the Children's Bureau from Arkansas, California, Georgia, Missouri, and New Jersey. These plans are at present undergoing review by the Children's Bureau and the Office of Defense Health and Welfare Services.

Resolution on Care of Children of Working Mothers

Adopted by Ninth National Conference on Labor Legislation, Indianapolis, November 18, 1942

Whereas the Ninth National Conference on Labor Legislation recognizes that large numbers of women not now employed will have to be recruited for employment in essential activities, and that among the women now employed and those who will be added to the ranks of wage earners are many mothers of young children, and

Whereas sound employment policies and carefully planned community services are necessary to make it possible for women to perform necessary services as wage-earners and as home-makers and mothers: Therefore be it

Resolved, That the Ninth National Conference on Labor Legislation urges that in order that established family life may not be unnecessarily disrupted, special efforts to secure the employment in industry of women with young children be deferred until full use has been made of all other sources of labor supply and, further, that whenever it is found that women with young children are gainfully employed in essential activities, or that labor requirements have not been met after the exhaustion of all other sources of labor supply, it is essen-

(Continued on page 91)

BOOK NOTES

AIMS AND GUIDES FOR IMPROVING THE PRACTICE IN CAMPING. Published by Committee on Camping, Children's Welfare Federation of New York City, 435 Ninth Avenue, New York, 1942. 63 pp.

This statement results from discussions over a year of 91 persons representing 65 member agencies of the Children's Welfare Federation of New York City.

The material represents items common to all camps and is to be considered not as a finished statement but as one in a stage of continual improvement.

The foreword points out that the statement is a "departure in purpose and procedure. Standards, in the full sense of the word, are practically impossible to formulate. To attempt it would tend to freeze practice. The purpose here is to free practice and give guidance. A minimum of good practice is indicated, but the top is left open."

* * * *

A group of articles in *Federal Probation* (published by the Bureau of Prisons, Department of Justice) for July-September 1942 (Vol. 6, No. 3), deals with the role of the United States Attorney and law-enforcement officers, the judge, the probation officer, the Bureau of Prisons, and the parole board in the application of the Federal Juvenile Delinquency Act. In the same issue is a review of the Federal juvenile-delinquency program after 3 years, and an article on foster-family and noncorrectional school placement for Federal juvenile offenders. An article on Juvenile Delinquency in Wartime is contributed by Elsa Castendyck, Director of the Social Service Division, Children's Bureau.

Children in Wartime

DEMOCRACY MEANS ALL OF US. Federal Security Agency, Office of Defense Health and Welfare Services, Nutrition Division, Washington, 1942. 30 pp. How communities can organize to study and meet community needs with special suggestions for developing nutrition programs in wartime.

THE FOOD FRONT, a series of 11 lectures. Federal Security Agency, Office of Defense Health and Welfare Services, Washington, 1942. 52 pp. Includes a paper on nutrition and the child, by Martha M. Eliot, as well as papers on various related aspects of the national nutrition program and two on the British food supply.

VOLUNTEERS IN FAMILY SECURITY. Office of Civilian Defense, Washington, 1942. 15 pp. A manual written to explain the need for volunteers in family-security services, what volunteers can do and how they should be trained with a reading list for volunteers and a list of agencies which may use volunteer services.

THE RURAL CHILD IN THE WAR EMERGENCY, by C. S. Marsh. Committee on Rural Education, Chicago, 1942. 35 pp. 10 cents. Report of a conference on the rural child in the war emergency called jointly by the Committee on Rural Education and the American Council on Education, Chicago, July 10 and 11, 1942.

FOR OUR CHILDREN IN WARTIME. Child Welfare League of America, 130 East Twenty-second Street, New York, 1942. 5 pp. A proposal for citizen action to assure the welfare of children threatened by war.

DAY CARE OF CHILDREN OF WORKING MOTHERS, by Dorothy Campbell Tompkins. War Bibliographies No. 2. University of California, Bureau of Public Administration, Berkeley, 1942. 9 pp. 35 cents. A list of references on day nurseries and on the day-care program in this country and in England.

THE WARTIME ADJUSTMENT OF THE EXCEPTIONAL CHILD. Child Research Clinic, Woods Schools, Langhorne, Pa., 1942. 50 pp. The changing conditions children are confronted with under wartime conditions, their effect on the exceptional child, and the problems encountered under dislocated conditions, as discussed by the Eighth Institute on Education and the Exceptional Child, May 26, 1942.

HOME PLAY IN WARTIME, by Virginia Musselman. National Recreation Association, 315 Fourth Avenue, New York, 1942. 19 pp. 10 cents to cover postage and handling charges.

This booklet is a manual of home fun offering suggestions for individual activities, but concerned primarily with the family group as a whole. Suggested activities are discussed under the headings of games, reading-radio-hobbies; music-drama-handicraft and play space. A 2-page bibliography covers additional suggestions for most of the activities mentioned.

LET'S SING THE SAME SONGS. National Recreation Association, 315 Fourth Avenue, New York. 13 pp. 5 cents per copy; \$2.50 per hundred.

Twenty familiar songs have been selected for their appeal and meaning as well as for the pleasure of singing them. They are made available in this form so that they may be learned easily and sung from memory—in homes, clubs, and if need be, while waiting for the "all-clear" signal.

* * * *

Recent pamphlets issued by the Fabian Society (11 Dartmouth Street, SW1, London) include the following:

THE HEALTH SERVICES 1: Maternity and Child Welfare, the School Medical Service, the Tuberculosis Service, by R. B. Thomas. Fabian Research Series 49, Gollancz, London, 1941. Price, 1s.

THE HEALTH SERVICES 2: The Hospital Services, by Somerville Hastings. Fabian Research Series, No. 59. Gollancz, London, 1941. 24 pp. Price, 6d.

COMMUNITY FEEDING IN WARTIME, by Barbara Drake. Research Series No. 64, Gollancz, London, 1942. 29 pp. Price 6d.

THE EDUCATION OF THE BACKWARD CHILD, by Mary Stewart, with a preface by Margaret Cole. Research Series No. 57, Gollancz, London, 1941. 24 pp. Price 6d.

NURSERY EDUCATION, by Dr. B. Stross. Tract Series No. 255, London, 1941. 16 pp. Price, 3d.

• INTER - AMERICAN COOPERATION •

Maternal and Child Health in Venezuela

With Special Application to Rural Conditions

By ANNA KALET SMITH,

Office of the Chief, U. S. Children's Bureau

Child-health work in Venezuela, modernized on a Nation-wide scale since the change in that country's public-welfare policies in 1936, has developed into a system considered outstanding for its coordination and effective cooperative effort. This work, organized by the Ministry of Public Health and Social Welfare (Ministerio de Sanidad y Asistencia Social) through its Division of Maternal and Child Hygiene, is intended to serve not only cities but perhaps in greater measure the heretofore neglected rural population.

Organization of Work.

In the national capital, Caracas, the Ministry maintains the Instituto de Puericultura (Institute of Child Hygiene). Established in 1936¹ mainly for the purpose of training graduate physicians and nurses for maternal and child-health work, the Institute has become a composite force of far-reaching potentialities. In addition to its facilities for instructing members of the medical and nursing professions in child care, the Institute operates a prenatal clinic, a clinic for children from birth to school age, a children's diet kitchen and milk station, a day nursery, a kindergarten, and a division for premature infants. The Institute also investigates conditions affecting children in the capital, and evaluates methods of maternal and child-health work for their possible application to the entire country.² There are also eight maternal and child-health centers and at least one pediatric clinic in Caracas.

Outside the capital the maternal and child-health work is done by the public-health units (unidades sanitarias), a new form of service finding increasing application in Latin America. These units have been established in Venezuela since 1936, when the Ministry of Public Health and Social Welfare sent physicians to

Costa Rica and Panama to study similar agencies in those countries.³ The purpose of these units is to decentralize a part of the public-health work in order to bring it closer to the people and to serve the whole family. They provide treatment for syphilis, tuberculosis, hookworm, and other diseases—in some localities, dental treatment and attendance by a midwife at childbirth—and carry on immunization work, bacteriologic laboratory work, and preventive maternal and child-health work. Early in 1942 there were 37 such units in cities and towns of Venezuela.⁴

In 70 areas not served by the public-health units rural public-health physicians (médicos rurales) are stationed for the main purpose of providing treatment to indigent persons; but they also do various kinds of preventive work, including that for mothers and children, although on a much smaller scale than the public-health units. They are employed jointly by the Federal Government, the States, and the municipalities; a few are employed by the States only. A special division was established in the Ministry of Public Health and Social Welfare in 1942 to supervise their work through traveling controllers.⁵

Maternal Health Work.

One of the main objectives of the new Government policy is the reduction of maternal and infant mortality rates. To this end prenatal clinics were established at the Instituto de Puericultura and the maternal and child-health centers in Caracas; elsewhere, at the public-health units; some prenatal work is also done by the rural public-health physicians.

Treatment for syphilis is compulsory under a law of 1941, which also orders physicians and

¹ Boletín del Ministerio de Sanidad y Asistencia Social, Caracas, November 1939.

² Memoria y Cuenta del Ministerio de Sanidad y Asistencia Social (Contiene las actuaciones correspondientes al año civil de 1941), Caracas, 1942.

³ Boletín del Ministerio de Sanidad y Asistencia Social, Caracas, December 1938, p. 1934.

⁴ Adelante Obtenido en los Servicios de Higiene Maternal e Infantil desde el Séptimo Congreso Panamericano del Niño, presented to the Eighth Pan American Child Congress, Washington, May 1942.

⁵ S. A. S., Boletín de Educación Sanitaria, July 1942.

midwives to test for these diseases all expectant mothers applying for services.⁶

The mothers attending the prenatal clinics are instructed individually in personal hygiene, are given literature, and are visited at their homes by public-health nurses. The nurses are expected to report to the physicians any pregnant woman in need of medical care and to arrange for delivery in the home with a physician or a qualified midwife in attendance, or to find accommodations in a hospital. It is also the duty of the public-health nurses to instruct the mothers in health protection and home management and to urge regular attendance at the prenatal clinics. As a result of the recent establishment of a school of social service the use of social workers in the field of health work is expected to develop.

Mothers are protected by the labor law of 1936,⁷ which, in addition to prohibiting for all women night work and work in strenuous, harmful, or dangerous occupations, also forbids the employment of expectant mothers on work requiring "considerable physical effort," or for 6 weeks before confinement; employment within 6 weeks after childbirth is also prohibited. Additional leave is permitted if the woman is unable to return to work because of illness resulting from pregnancy or childbirth. Her place of employment must be reserved for her during the authorized absence. Under the social-insurance law of 1940⁸ the insured woman worker is entitled to two-thirds of her wages during the 12 or more weeks of her authorized leave and to prenatal, obstetric, and postnatal care; obstetric care is also available without additional charge for the dependent wives of insured men.

Investigations in the past have shown that few of the practicing midwives have been trained according to the standards prescribed by law and that 70 to 80 percent of women⁹ in cities and rural districts were attended at childbirth by untrained midwives, with a resulting high maternal mortality. Therefore, the Ministry of Health and Social Welfare issued in 1937 a regulation whereby women lacking a midwife's diploma from the School of Medicine may exercise their profession only if they receive an authorization from the Ministry; then they may practice only in a specified district and under the supervision of the Division of Maternal and Child Hygiene of the Ministry. Brief courses required for these midwives have

been given in Caracas and at many of the public-health units and in the localities served by the rural public-health physicians. Many of these women later settled to practice in rural districts. The public-health units keep records of the midwives in their respective districts and supervise their practice.

In many localities mothers unable to pay for care receive free delivery service either at home or in hospitals, at the expense of the municipal, State, or Federal Government. Efforts have been made by many public-health units, in cooperation with the local public-welfare authorities, to provide additional maternity beds in hospitals; as a result the number of such beds has multiplied five times in the last 6 years.

The effects of this policy of the Venezuelan Government have already become evident. The report of the Ministry of Public Health and Social Welfare for 1941 states that in the city of Caracas the maternal mortality in 1940 was 30 per 10,000 live births, the lowest in the years 1935 to 1940.¹⁰ Some of the public-health units outside Caracas point out in their statements for 1941 that the maternal mortality rate among women receiving prenatal care in their districts was lower than among those not receiving such care.

Child-Health Work.

The Ministry of Public Health and Social Welfare has taken steps to institute health supervision over children as soon after birth as possible. To this end birth registration has been made compulsory within a week after birth, whereas formerly births were reported at the time of baptism. The new rule, first applied in Caracas in 1940, is being gradually extended to other parts of the country. Physicians, midwives, parents, and other persons knowing of the birth of a child are required to report it to specified authorities within a week. The report is followed up by a public-health nurse who advises the mother to bring the child to the health center and instructs her in proper care of herself and of the child.

Child-health work is done by the child-health centers existing in many cities and towns either independently or in connection with the public-health units, also to a varying extent by the rural public-health physicians. Cases of illness are referred to clinics and hospitals. Free dental care is also available in some localities.

The results of this work for the entire coun-

⁶ Adelante Obtenido en los Servicios de Higiene Maternal e Infantil desde el Séptimo Congreso Panamericano del Niño.

⁷ Gaceta Oficial, Caracas, July 16, 1936.

⁸ Gaceta Oficial, Caracas, July 24, 1940 (special number).

⁹ Adelante Obtenido en los Servicios de Higiene Maternal e Infantil desde el Séptimo Congreso Panamericano del Niño.

¹⁰ Memoria y Cuenta del Ministerio de Sanidad y Asistencia Social (Contiene las actuaciones correspondientes al año civil de 1941), Caracas, 1942.

try cannot be evaluated because of the incompleteness of the national statistics on infant or child mortality; but a decrease in infant mortality has been reported by a number of public-health districts.

Health Work for School Children.

The Ministry of Health and Social Welfare also has charge of the health work for school children. The work in Caracas, which with its surrounding territory comprises the Federal District, is organized more thoroughly than elsewhere in the country. The city is divided into 12 districts, each with about 3,000 school children and with a separate school clinic. A physician on a half-time basis and a nurse are in charge of each clinic.¹¹

The school children are given a complete examination upon entering school, again 3 years later, and again before graduating. The examination is supplemented by an investigation of the home conditions. In 1941 almost one half of the 26,000 school children in the Federal District were examined in this way. Children in whom the teacher suspects the presence of some physical or mental condition requiring attention are examined at any time. Treatment is provided at the Central Clinic for Special Diseases, maintained in the capital for school children only, at other clinics, and at hospitals.

A dental clinic with seven full-time dentists, each assisted by a nurse, is maintained for school children in Caracas by the Government.

Malnourished children are referred to the nutrition clinic for school children in Caracas, which is staffed by a physician, a social worker, and a nurse; and their homes are investigated. When malnutrition is due to insufficient food the children are referred to the school lunch-room conducted in Caracas by the Government, where a nourishing meal is served daily.

Three recuperation colonies for the school children of Caracas are also operated by the Ministry. At these colonies, situated on the seashore or in the mountains, a 3-month rest is given to children, selected by the school physician, who need to recuperate from a recent acute illness, who suffer from a chronic non-

contagious disease, such as secondary anemia, rickets, glandular disorders, or who live under very unfavorable conditions of hygiene. During the children's stay at the colonies efforts are made to develop in them good habits of hygiene in the hope that they will continue them upon return to their homes.

The school-health authorities also take measures for the prevention of transmissible diseases and for assuring hygienic conditions in the school buildings and on the grounds.

Outside Caracas health work for school children is carried on by the public-health units, but on a less extensive scale, because so far no special personnel has been appointed for that purpose.

Health Education.

Health work for mothers and children is supplemented by special educational measures. For the graduate physicians and nurses intending to take up such work in any part of the country, special courses have been given at the Instituto de Puericultura; a required course in pediatric clinic and child care was added in 1942 to the curriculum of the School of Medicine of the University of Caracas, in compliance with the education law of 1940.¹² The same law also makes instruction in child hygiene compulsory for girls in the fourth grade in all schools. To prepare teachers for this subject a special course was given in at least 13 cities in 1941; it was attended by a great majority of the women teachers of the country.

Talks on health are given to school children and parents, popular literature is distributed, and information on health is made available through the newspapers, the radio, and motion pictures.

The work of health education has come to be considered so important that a special division (Sección de Propaganda Sanitaria) was established in 1942 in the Ministry of Health and Social Welfare.¹³ This division is expected to take steps to reach the great masses of people and to acquaint them with the dangers of disease and methods of preventing it.

¹¹ *Id.*

¹² S. A. S., Boletín de Educación Sanitaria, Caracas, July 1942.

¹³ *Id.*

Dr. Horton Casparis, Physician to Children

Children everywhere have lost a champion as well as a physician with the sudden death on November 11, 1942, of Horton Ryan Casparis, M. D., at the age of 51 years. Dr. Casparis was closely associated with the Children's Bureau as chairman of its Advisory Committee on Maternal and Child Health and as a member of the Children's Bureau Commission on Children in Wartime. He was a graduate of Johns Hopkins University School of Medicine and in addition to being professor of pediatrics at Vanderbilt University was pediatrician in chief at Vanderbilt Hospital, Nashville, Tenn. He was a fellow of the American Medical Association and was attending the annual conference of the Southern Medical Association in Richmond at the time of his death. He was also a fellow of the American College of Physicians and a member of the American Pediatric Society.

The care of children was Dr. Casparis' consuming interest as well as his profession, and their emotional and mental well-being was as dear to him as their physical health. In a communication to the Chief of the Children's Bu-

reau, written only a few weeks before his death, he stated:

In considering the care of children we should never lose sight of the fact that because of inheritance we shall be dealing with all types and qualities of human material. And no stronger or no better human structure can be built than is permitted by the quality of that particular human material. But there are certain fundamental needs common to all which are basically essential to general welfare and progress. These are known. The means by which they can be satisfied can be made available. And by making available the means or provisions for servicing these basic needs essential to general child welfare, we are offering equal opportunity to all commensurate with their ability to appreciate or learn to appreciate the value to themselves of these provisions; and commensurate with their willingness to weave this appreciation into their own fabric of effort. The extent to which people can, will, and actually do take advantage of these provisions gives us our various social and economic levels.

The basic needs of children as outlined by Dr. Casparis are security, to be met through provision for health, nutrition, housing, education, social security, and safety; provision for care before, during, and after birth; recreation and work; discipline looking toward law abidance; and healthy mental attitudes and morale.

Resolution on Care of Children of Working Mothers

(Continued from page 86)

tial that every reasonable effort be made to adjust assignments to shifts of women with young children, in such manner as will cause the least disruption in their family life, and be it further

Resolved, (1) That in localities where substantial numbers of women are employed in es-

sential activities, community programs for the care of children of working mothers be developed, with the participation of representatives of labor and management, such programs to include information services and types of care suited to the needs of children of varying ages and circumstances; and

(2) That the States and the Federal Government provide leadership and financial assistance as required to supplement local resources, on the principle of grants-in-aid to the States and State aid to local units of government.

Toys for a Wartime Christmas¹

NOTE.—The selection of Christmas toys this year is likely to prove a puzzling affair. Toy seekers may find some helpful suggestions in the following paragraphs from an article prepared by Donald F. Heany, Specialties Staff, Bureau of Foreign and Domestic Commerce, Department of Commerce. Although directed toward toy manufacturers and dealers, this article contains much that is applicable to the purchase of toys.

The educational, psychological, and physiological value of the toys selected should be considered as always. Simplicity, durability, safety, and—in toys for infants—washability are as important as ever. Young children still need toys that afford opportunity to develop large-muscle coordination and body balance. Toys and games that encourage participation are usually preferable to "spectator" toys. With a general knowledge of what is desirable in toys supplemented by some specific information on what is obtainable, parents should be able to approach the Christmas toy displays with a fair amount of confidence.

Toy production the world over has been curtailed by shortages of material and by Government decree. * * * There are no statistics available on the national stocks of toys and games. However, as a consequence of the voluntary rationing system inaugurated by toy train manufacturers, we know that stocks of toy trains will average less than half of 1941 stocks. The situation as to wheel goods is somewhat the same. Stocks will not last until Christmas. The toy stoves, irons, sewing machines, telephones, phonographs, and typewriters which have been so popular in previous years are available only in limited quantities. Rubber dolls are conspicuous by their absence.

However, stocks of games, wooden toys, doll furniture, dishes, blackboards, costumes, and blocks are practically unlimited. * * *

The war has had indirect as well as direct repercussions in the toy industry. New toys are on the market, reflecting the rapid developments in the adult world. In the wheel-goods display, the emphasis will be not on fire engines and automobiles, but on jeeps, baby tanks, PT boats, battle wagons, commando cars, and anti-aircraft guns. Games will be built around coastal-defense problems, enemy-plane detection, civilian-defense activities, and world geography. There is a paratroop doll on the market, a device for catapulting planes, dolls dressed as WAVES, WAAC's, civilian defense officials, and nurses' aids. One manufacturer has even developed a bank resembling a bomb! The influence of the war has not permeated all lines of toys, however. Toys designed especially for girls are the least influenced. "Mama" dolls, toy furniture, dishes, and stuffed toys are still the best sellers as far as the "young mother" is concerned. * * * Some stores have enlarged their book display, with emphasis on pictures of military personnel and equipment. Displays of children's costumes and uniforms will receive a more prominent place in the toy department this year. * * * On the doll counter an effort has been made to replace rubber dolls with elaborate rag dolls. More and more publicity is being given to a "build your own" program sponsored by the model toy industry. Wood, cardboard, and clay construction sets are selling in increasing quantities. * * *

¹ From an article of the same title published in *Domestic Commerce Weekly*, November 26, 1942.

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The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau.

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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